

PART B - FEE(S) TRANSMITTAL

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 7590 09/17/2003

JOE LIEBESCHUETZ
 TOWNSEND AND TOWNSEND AND CREW LLP
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 8TH FLOOR
 SAN FRANCISCO, CA 941113834

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Tara N. Damhoff	(Depositor's name)
<i>Tara N. Damhoff</i>	(Signature)
12-11-03	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/180,657	11/12/1998	PETER J MEIKLE	2325-1-002	7039

TITLE OF INVENTION: EARLY DETECTION OF LYSOSOMAL STORAGE DISORDERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$0	\$1300	12/17/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
NOLAN, PATRICK J	1644	435-004000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Townsend and Townsend and
 Crew LLP
 2
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Women's and Children's Hospital North Adelaide, Australia

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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No. 42,271

12/11/03

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 02 FC:8001

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